


Karen



# **HCEA Statistics**



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1982

Health Care Financing Administration  
Bureau of Data Management and Strategy  
September 1982

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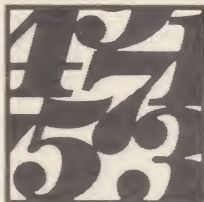
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## ***Preface***

Since the Medicare and Medicaid programs began, health care expenditures have grown faster than the rest of the economy. Medicare and Medicaid have grown even faster than health expenditures in general. This reference booklet provides significant summary information about health expenditures and HCFA programs.



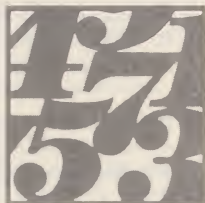
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# ***Highlights***

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## **Growth in HCFA Programs and Health Expenditures**

### **Populations**

- Persons enrolled for Medicare coverage increased from 19.5 million in 1967 to about 30 million in 1982, a 54% increase.

In 1967, Medicare enrollees represented 9.7% of U.S. resident population, in 1982, 12.6%.

- Medicaid recipients (data on eligibles are not available) increased from about 10 million in calendar 1967 to almost 23 million in fiscal year 1982, an increase of 131%.

Data for 1980 indicate that almost 9% of the U.S. resident population received Medicaid services.

## **Providers/Suppliers**

- The number of short-stay hospitals decreased by 121 from 6,198 to 6,077 between the end of 1967 and January 1982. However, the number of certified beds increased 234,000 or 30% over the same period.
- Long term care hospital beds continue to decrease mainly due to the decline in the incidence of tuberculosis and increased emphasis on the treatment of psychiatric care in community hospitals or in an outpatient setting.
- Skilled nursing facilities decreased from 4,405 in January 1972 to 3,932 in January 1976. Since then, the number has increased steadily to 5,295 in January 1982, a 35% increase.
- Skilled nursing facility beds decreased from 308,800 at the end of 1967 to 287,500 in January 1976. The number has increased steadily since then to 463,700 in January 1982, a 61% increase.
- The number of home health agencies increased 68% from 1,890 at the end of 1967 to 3,169 in January 1982.
- Independent laboratories increased 49% from 2,355 at the end of 1967 to 3,511 in 1982.

## **Expenditures**

- National health expenditures increased 489% between FY 1967 (\$49 bil.) and CY 1981 (\$287 bil.), while the Gross National Product (GNP) increased 277%.
- Public expenditures on health increased 629% between 1967 (\$17 bil.) and 1981 (\$123 bil.).
- Federal health expenditures increased 723% between 1967 (\$10 bil.) and 1981 (\$84 bil.).
- Total Medicare and Medicaid expenditures increased 1,190% between 1967 (\$6 bil.) and 1981 (\$76 bil.).

- National health expenditures per person increased from \$242 in 1967 to \$1,225 in 1981, an increase of 406%. They have been projected to increase to \$3,300 in 1990.

## **Utilization of Medicare and Medicaid Services**

- Almost 40 million persons will receive services reimbursed under Medicare or Medicaid in fiscal year 1982. Approximately 15 million persons received some reimbursed services in calendar 1967. This is an increase of 167%.
- One out of four, or about 10 million of these persons will use in-patient hospital services covered under Medicare or Medicaid.

About 400,000 Medicare or Medicaid beneficiaries are hospital inpatients on any given day.

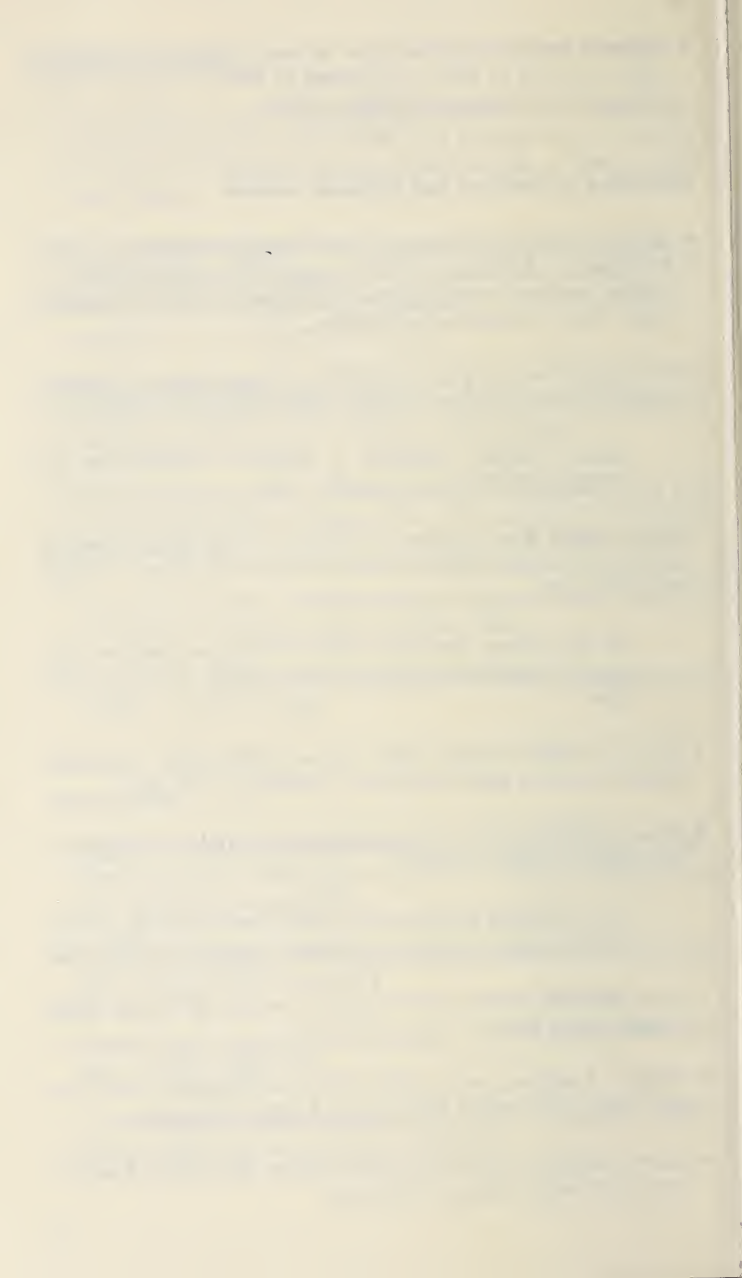
- Three out of four, or over 30 million of these persons will receive reimbursable physician services under Medicare or Medicaid this year.

On the average, there are 1 million Medicare physician services and Medicaid physician visits received each day of the year.

- Over 16 million persons will receive reimbursable outpatient hospital services under Medicare or Medicaid this year.
- About 800,000 persons will receive care covered by Medicare or Medicaid in SNF's this year.

About 300,000 persons are in SNF's and receiving services covered under Medicare or Medicaid each day of the year.

- Over 900,000 persons will receive covered ICF care under Medicaid this year.
- About 1.5 million persons will receive over 30 million reimbursable HHA visits under Medicare or Medicaid this year.
- Over 14 million persons will receive almost 200 million drug prescriptions under Medicaid this year.

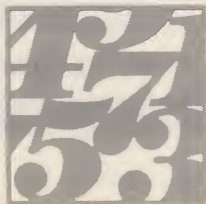




## ***Populations***

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### **Information about persons covered by Medicare and Medicaid**



For Medicare, statistics are based on persons enrolled for coverage. For Medicaid, recipient counts are used as a surrogate of persons eligible for coverage, as well as for persons utilizing services. Statistics are available by major program categories, by demographic and geographic variables, and as proportions of the population of the United States. Utilization data organized by persons served may be found in the Utilization section.

## MEDICARE ENROLLMENT/TRENDS

	Total Persons	Aged Persons	Disabled Persons
	(in millions)		
July 1			
1966	19.1	19.1	—
1970	20.5	20.5	—
1975	25.0	22.8	2.2
1980	28.5	25.5	3.0
1981	29.0	26.0	3.0
1982	29.5	26.4	3.1
1983	29.9	26.8	3.1

## MEDICARE ENROLLMENT/COVERAGE

	HI and/or SMI	HI	SMI
	(in millions)		
July 1, 1981			
All Persons	29.0	28.6	28.0
Aged Persons	26.0	25.6	25.2
Disabled Persons	3.0	3.0	2.8

## MEDICARE ENROLLMENT/DEMOGRAPHICS

	Total	Male	Female
	(in thousands)		
January 1, 1981			
All Persons	28,778	12,257	16,520
Aged Persons	25,789	10,370	15,419
65-74	15,338	6,685	8,653
75-84	7,978	2,949	5,029
85 and over	2,473	735	1,738
Disabled Persons	2,988	1,887	1,101
Under 45	658	430	228
45-54	756	502	254
55-64	1,574	956	618
White	24,806	10,494	14,311
Non-White	2,702	1,229	1,473
Unknown	1,270	534	736

## MEDICARE ENROLLMENT/REGION

	July 1, 1980		Enrollees as Percent of Population
	Resident Population	Medicare Enrollees	
	(in thousands)		
All Regions	230,733	28,249 <sup>1</sup>	12.2%
Boston	12,367	1,647	13.3
New York	28,257	3,664	13.0
Philadelphia	24,650	3,083	12.5
Atlanta	39,046	5,182	13.3
Chicago	45,788	5,462	11.9
Dallas	25,183	2,780	11.0
Kansas City	11,776	1,667	14.2
Denver	6,982	706	10.1
San Francisco	28,549	3,115	10.9
Seattle	8,136	916	11.3

<sup>1</sup> Includes enrollees with unknown State of residence but excludes those living in foreign countries.

## MEDICAID RECIPIENTS/TRENDS

	FY75	FY80	FY81	FY82	FY83
	(in millions)				
Total	22.0	21.6	22.5	22.9	22.1
Aged	3.6	3.4	3.4	3.5	3.6
Blind/Disabled	2.4	2.8	2.9	3.0	3.1
Children under Age 21	11.4	10.8	11.2	11.3	10.6
AFDC-Adults	4.6	4.8	4.9	5.0	4.8

## MEDICAID RECIPIENTS/STATE BUY-IN FOR MEDICARE

	Calendar Year	
	1980	1975
All Eligibles (thousands)	3,319	3,364
Aged Eligibles	83%	87%
Disabled Eligibles	17%	13%

## MEDICAID RECIPIENTS/DEMOGRAPHICS

	Fiscal Year 1980
All Recipients (thousands)	21,604
Age — 38 Reporting Jurisdictions	16,105
Under 6	18.6%
6-20	32.0%
21-64	34.0%
65 and over	15.4%
Sex — 37 Reporting Jurisdictions	14,719
Male	35.7%
Female	64.3%
Race — 34 Reporting Jurisdictions	11,142
White	52.9%
Non-White	42.3%
Unknown	4.7%

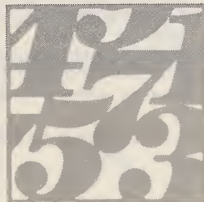
## MEDICAID RECIPIENTS/REGION

	FY 1980 Medicaid Recipients (in thousands)
All Regions	21,604
Boston	1,364
New York	4,364
Philadelphia	2,189
Atlanta	3,041
Chicago	3,786
Dallas	1,617
Kansas City	720
Denver	322
San Francisco	3,550
Seattle	653

## ***Providers /Suppliers***

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**Information about institutions, agencies or professionals who provide health care services and individuals or organizations who furnish health care equipment or supplies**



These data are distributed by major provider/supplier categories, geographic region and type of program participation. Utilization data organized by type of provider/supplier may be found in the Utilization section.

## INPATIENT HOSPITALS/TRENDS

	1982	1977	1972
Total Hospitals	6,749	6,774	6,741
Beds (thousands)	1,153	1,169	1,172
Beds per 1,000 Enrollees <sup>1</sup>	45.0	50.9	56.4
Short-Stay	6,077	6,095	6,152
Beds (thousands)	1,005	945	840
Beds per 1,000 Enrollees <sup>1</sup>	39.3	41.1	40.4
Psychiatric	414	406	340
Beds (thousands)	121	189	284
Beds per 1,000 Enrollees <sup>1</sup>	4.7	8.2	13.7
Other Long-Stay	258	273	249
Beds (thousands)	27	36	48
Beds per 1,000 Enrollees <sup>1</sup>	1.0	1.6	2.3

<sup>1</sup> Based on number of aged HI enrollees.

NOTE: Facilities certified for Medicare are deemed to meet Medicaid standards.

## INPATIENT HOSPITALS/REGION

	Short- Stay Hospitals	Beds per 1,000 Enrollees	Long- Stay Facilities	Beds per 1,000 Enrollees
All Regions	6,077	39.3	672	5.7
Boston	268	33.5	64	9.5
New York	455	35.4	76	13.1
Philadelphia	481	38.9	86	8.5
Atlanta	1,110	40.2	87	3.5
Chicago	1,103	42.3	113	3.6
Dallas	907	45.0	52	3.0
Kansas City	544	42.1	102	7.0
Denver	333	42.7	18	5.4
San Francisco	620	36.1	63	2.4
Seattle	256	29.3	11	3.8

(January 1982 data; rates based on estimated number of aged HI enrollees)



## SKILLED NURSING FACILITIES/REGION

	Title 18 and 18/19 Facilities	Beds	Title 19 Only Facilities	Beds
All Regions	5,295	463,715	2,555	223,450
Boston	406	28,789	270	13,927
New York	652	83,478	94	10,225
Philadelphia	562	59,582	182	14,089
Atlanta	889	71,111	400	37,435
Chicago	1,129	81,315	744	76,853
Dallas	70	4,991	263	22,093
Kansas City	120	8,386	81	6,199
Denver	224	17,583	178	12,880
San Francisco	1,046	94,603	179	15,172
Seattle	197	13,877	164	14,577

(January 1982)

## OTHER TITLE 19 LONG TERM CARE FACILITIES/REGION

	Intermediate Care Facilities	Beds	Institutions for Mentally Retarded
All Regions	11,157	961,628	1,453
Boston	897	52,367	143
New York	469	54,662	211
Philadelphia	637	61,647	65
Atlanta	1,624	138,897	119
Chicago	3,238	296,406	575
Dallas	1,650	149,298	152
Kansas City	1,263	95,757	42
Denver	565	44,066	58
San Francisco	315	27,606	45
Seattle	499	40,922	43

(January 1982)

## OTHER MEDICARE PROVIDERS AND SUPPLIERS/TRENDS

	1982	1977	1972
Home Health Agencies	3,169	2,353	2,256
Independent Laboratories	3,511	3,186	2,808
End-Stage Renal Disease Facilities	1,162	—	—
Outpatient Physical Therapy	554	130	112
Portable X-Ray	234	150	65
Rural Health Clinics	421	—	—

## SELECTED FACILITIES/TYPE OF CONTROL

	Hospitals	Skilled Nursing Facilities	Home Health Agencies
All Facilities	6,749	5,295	3,169
Non-Profit	53.0%	22.9%	46.1%
Proprietary	13.0%	68.7%	11.9%
Government	33.9%	8.4%	41.9%

(January 1982)

NOTE: Facilities certified for Medicare are deemed to meet Medicaid standards.

## PIP FACILITIES/TRENDS

	1981	1980	1979	1975
Hospitals				
Number of PIP	2,382	2,276	2,137	1,524
Percent of Total Participating	35.3%	33.8%	31.5%	22.5%
Skilled Nursing Facilities				
Number of PIP	186	203	216	161
Percent of Total Participating	3.5%	3.9%	4.3%	4.1%
Home Health Agencies				
Number of PIP	558	481	393	86
Percent of Total Participating	17.6%	16.0%	13.8%	3.8%

(Data as of December 31; facilities receiving periodic interim payments (PIP) under Medicare)



## PHYSICIANS/TRENDS

	1980		1970	
	Number	Percent	Number	Percent
Non-Federal Physicians				
Active in Patient Care	361,915	100.0%	255,027	100.0%
Medical Specialties	105,049	29.0	60,968	23.9
Surgical Specialties	103,312	28.5	75,991	29.8
Other Specialties	96,871	26.8	63,970	25.1
General and Family Practice	56,683	15.7	54,098	21.2

## PHYSICIANS/REGION

	Non-Federal Physicians Active in Patient Care	Physicians Per 100,000 Population
All Regions	361,915	1,569
Boston	24,863	2,010
New York	53,772	1,903
Philadelphia	41,870	1,699
Atlanta	50,983	1,306
Chicago	65,972	1,441
Dallas	32,313	1,283
Kansas City	15,326	1,301
Denver	10,106	1,447
San Francisco	54,581	1,912
Seattle	12,129	1,491

(Physicians as of December 1980; resident population as of July 1980)

## MEDICARE ASSIGNED CLAIMS/REGION

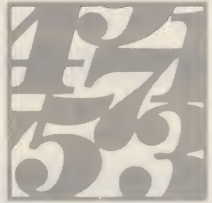
	1981 Net Assignment Rates	1976 Net Assignment Rates
All Regions	52.3	50.5
Boston	66.9	67.4
New York	54.0	49.4
Philadelphia	62.5	60.3
Atlanta	53.2	49.1
Chicago	48.8	46.6
Dallas	52.0	52.7
Kansas City	40.2	40.2
Denver	38.0	41.5
San Francisco	53.2	52.2
Seattle	30.5	33.9

(Calendar year data)

## ***Expenditures***

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**Information about spending for health care services by Medicare, Medicaid and in the nation as a whole**



Health care spending at the aggregate levels is distributed by source of funds, types of service, geographic area and broad beneficiary or eligibility categories. Direct out-of-pocket, other private and non-HCFA related expenditures are also covered in this section. Expenditures on a per unit of service level are covered in the Utilization section.

## HCFA AND TOTAL FEDERAL DISBURSEMENTS

	Fiscal Year 1981
	(in billions)
Total Federal Budget	\$657.2
Medicare/Medicaid Outlays (9.0% of Fed. Bud.)	59.4
Medicare Benefit Payments	41.3
Medicaid Medical Assistance Payments	15.9
HCFA Program Management	1.0
State and Local Administration/Training	0.9
Other Administrative Expenses	0.3

## PROGRAM BENEFIT PAYMENTS/TRENDS

	Total	Medicare	Medicaid <sup>1</sup>
	(in billions)		
Calendar Year			
1966	\$ 2.5	\$ 1.0	\$ 1.5
1970	12.3	7.1	5.2
1975	29.1	15.6	13.5
1980	61.2	35.7	25.5
1981	73.2	43.5	29.7

<sup>1</sup> Federal and State expenditures combined.

## PROGRAM BENEFIT PAYMENTS/REGION

	Fiscal Year 1981	
	Medicare	Medicaid (Adj. Fed. Share)
	(in millions)	
All Regions	\$41,254	\$15,832
Boston	2,586	1,102
New York	5,471	3,135
Philadelphia	4,573	1,497
Atlanta	6,589	2,175
Chicago	8,450	3,115
Dallas	3,603	1,507
Kansas City	2,296	609
Denver	893	340
San Francisco	5,570	1,959
Seattle	1,165	393

## MEDICARE/TRUST FUND PROJECTIONS

	Fiscal Year		
	1981	1982	1983
(in billions)			
HI Benefit Payments <sup>1</sup>	\$28.9	\$33.8	\$39.4
Aged	25.5	29.7	34.8
Disabled	3.4	4.1	4.7
SMI Benefit Payments <sup>1</sup>	12.3	14.9	17.6
Aged	10.3	12.5	14.8
Disabled	2.1	2.4	2.8

<sup>1</sup> 1982 Annual Reports of the Board of Trustees of the Federal Hospital Insurance Trust Fund and Supplementary Medical Insurance Trust Fund.

## MEDICARE/TYPE OF BENEFIT

	FY 1981 Benefit Payments (in millions)	Percentage Distribution
Total HI	\$28,907	100.0%
Inpatient Hospital	27,821	96.2
Skilled Nursing Facility	405	1.4
Home Health Agency	681	2.4
Total SMI	\$12,345	100.0%
Physician/Other Suppliers	8,795	71.2
Radiology and Pathology	670	5.4
Outpatient Hospital	2,217	18.0
Home Health Agency	271	2.2
Group Practice Prepayment	247	2.0
Independent Laboratory	145	1.2

## MEDICAID/BASIS OF ELIGIBILITY

	FY 1980 Vendor Payments (in millions)	Percentage Distribution
Total	\$23,301	100.0%
Aged	8,687	37.3
Blind/Disabled	7,158	30.7
Children under Age 21	4,084	17.5
AFDC-Adults	3,372	14.5

## MEDICAID/TYPE OF SERVICE

	Fiscal Year	
	1980	1979
Total Vendor Payments (billions)	\$23.3	\$20.5
	(Percentage of Total)	
Inpatient Services	30.6%	31.4%
General Hospitals	26.9	27.6
Mental Hospitals	3.7	3.8
ICF Services	26.6	25.8
Mentally Retarded	8.5	7.3
All Other	18.1	18.5
Skilled Nursing Facility Services	15.9	16.5
Physician Services	8.0	8.0
Prescribed Drugs	5.7	5.9
Outpatient Hospital Services	4.7	4.1
Dental Services	2.0	2.1
Home Health Services	1.4	1.3
Clinic Services	1.4	1.3
Other Practitioner Services	0.8	0.8
Laboratory and Radiological Services	0.5	0.9
Family Planning Services	0.3	0.5
Other Care	1.9	1.4



## NATIONAL HEALTH CARE/TRENDS

	Calendar Year			
	1981	1980	1970	1965
National Total (billions)	\$286.6	\$249.0	\$74.7	\$41.7
Percent of GNP	9.8%	9.5%	7.5%	6.0%
Per Capita Amount	\$1,225	\$1,075	\$358	\$211
Source of Funds	(Percentage of Total)			
Private	57.3%	57.7%	62.8%	74.1%
Public	42.7	42.3	37.2	25.9
Federal	29.2	28.5	23.7	13.3
Medicare	15.6	14.8	10.0	—
Medicaid	6.1	5.9	4.0	—
Other	7.5	7.9	9.6	13.3
State/Local	13.5	13.8	13.6	12.6
Medicaid	4.8	4.9	3.3	—
Other	8.7	8.9	10.3	12.6

## NATIONAL HEALTH CARE/TYPE OF EXPENDITURE

	National Total (in billions)	Per Capita	Percent Paid By Medicare	Percent Paid By Medicaid
Total	\$286.6	\$1,225	15.6%	10.9%
Health Services and Supplies	273.5	1,169	16.4	11.4
Personal Health Care	255.0	1,090	17.1	11.6
Hospital Care	118.0	504	26.6	9.1
Physicians' Services	54.8	234	17.5	5.1
Nursing Home Care	24.2	103	1.7	49.6
Other Health Services	58.0	248	3.6	7.2
Other Services and Supplies	18.5	79	7.0	8.6
Research/Construction	13.1	56	—	—

(Calendar year 1981)

## PERSONAL HEALTH CARE/PAYMENT SOURCE

	Calendar Year		
	1981	1980	1970
Total (billions)	\$255.0	\$219.4	\$65.1
Private			
Out-of-Pocket	32.0%	32.9%	39.9%
Other Private	27.6%	27.4%	25.6%
Public			
Medicare	17.1%	16.3%	10.9%
Medicaid	11.6%	11.6%	8.0%
Other Public	11.6%	11.9%	15.6%

## PERSONAL HEALTH CARE/REGION

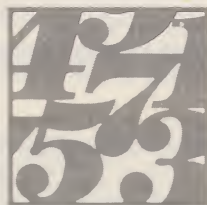
	Total Personal Health Care	Hospital Care	Physicians' Services	Nursing Home Care
Expenditures (in billions)				
All Regions	\$165.5	\$74.8	\$35.8	\$15.2
Boston	10.3	5.0	1.8	1.4
New York	20.4	9.5	4.0	2.2
Philadelphia	18.2	9.1	3.6	1.4
Atlanta	24.1	10.7	5.5	1.7
Chicago	34.4	15.9	7.1	3.6
Dallas	15.7	6.9	3.5	1.4
Kansas City	8.9	4.1	1.8	1.0
Denver	4.5	1.9	1.0	0.4
San Francisco	23.7	9.8	6.2	1.6
Seattle	5.4	2.0	1.2	0.6

(Calendar year 1978 data; total includes other services not shown separately.)



## *Utilization*

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**Information about the use of health care services**

Utilization information is organized by persons receiving services and alternately by services rendered: Measures of health care use include: (1) persons served; (2) units of service; e.g., admissions, discharges, days of care, etc., and (3) dimensions of the services rendered; e.g., average length of stay, charge per person or per unit of service. These utilization measures are aggregated by program coverage categories, by provider characteristics, by type of service and by demographic and geographic variables.

## MEDICARE/SHORT-STAY HOSPITAL

	Total	Aged	Disabled
Number of Admissions (millions)	10.4	9.2	1.2
Days of Care			
Total (millions)	110.1	97.6	12.5
Rate per 1,000 Enrollees	3,923	3,887	4,223
Covered (millions)	107.0	94.9	12.1
Average Length of Stay per Admission	10.5	10.6	10.0
Covered Charges			
Total (billions)	\$31.8	\$28.0	\$3.9
Mean per Covered Day	\$297	\$295	\$319
Interim Reimbursement			
Total (billions)	\$22.2	\$19.6	\$2.7
Mean per Covered Day	\$208	\$206	\$218

(Calendar Year 1980)

## MEDICARE/LONG-TERM CARE

	Total	Aged	Disabled
Skilled Nursing			
Covered Days (thousands)	8,321	8,021	301
Interim Reimbursement			
Total (millions)	\$353	\$339	\$14
Mean per Covered Day	\$42	\$42	\$45
Long-Stay Inpatient			
Covered Days (thousands)	2,515	1,460	1,055
Interim Reimbursement			
Total (millions)	\$287	\$186	\$101
Mean per Covered Day	\$114	\$127	\$96
Home Health			
Visits (thousands)	22,452	20,670	1,782
Charges			
Total (millions)	\$771	\$709	\$63
Visit (millions)	\$735	\$676	\$59
Mean per Visit	\$33	\$33	\$33
Interim Reimbursement (mil)	\$663	\$609	\$54

(Calendar Year 1980)

## MEDICARE PERSONS SERVED/TRENDS

	Calendar Year			
	1982	1977	1972	1967
Aged Persons Served per 1,000 Enrollees				
HI and/or SMI	660	570	467	367
HI	260	231	215	203
SMI	670	581	473	365
Disabled Persons Served per 1,000 Enrollees				
HI and/or SMI	580	504	—	—
HI	260	229	—	—
SMI	640	535	—	—

## MEDICARE PERSONS SERVED/TYPE OF SERVICE

	Aged Persons Served in thousands	Served per 1,000 Enrollees	Disabled Persons Served in thousands	Served per 1,000 Enrollees
Hospital and/or Supplementary Medical Insurance	15,221	610	1,654	568
Hospital Insurance	5,698	232	700	240
Inpatient Hospital	5,633	229	694	238
Skilled Nursing Facility	247	10	9	3
Home Health Agency	601	24	46	16
Supplementary Medical Insurance	15,041	624	1,614	607
Physician and Other Medica <sup>1</sup>	14,582	605	1,523	573
Outpatient	5,928	246	823	310
Home Health Agency	269	11	23	9

(Calendar year 1979)

## MEDICARE PERSONS SERVED/REGION

	Aged Persons Served in thousands	Served per 1,000 Enrollees	Disabled Persons Served in thousands	Served per 1,000 Enrollees
All Regions	15,221	610	1,654	568
Boston	975	659	83	596
New York	2,061	644	220	542
Philadelphia	1,647	613	182	558
Atlanta	2,662	602	337	556
Chicago	2,846	587	300	581
Dallas	1,427	589	154	513
Kansas City	881	581	72	550
Denver	377	596	32	549
San Francisco	1,835	680	226	687
Seattle	505	626	48	569

(Calendar year 1979 data; served under HI and/or SMI)

## MEDICARE/END STAGE RENAL DISEASE

	Calendar Year	
	1981	1980
Total Beneficiaries	63,802	57,035
Dialysis	58,924	52,364
Center	49,450	44,703
Home	9,474	7,661
Transplant	4,878	4,671
Transplant Procedures	4,885	4,697
Living Related Donor	1,458	1,275
Cadaveric Donor	3,427	3,422
Average Transplant Cost	\$26,876	NA
Average Dialysis Payment Rate	\$152	\$148
Hospital Based	\$166	\$158
Non-Hospital Centers	\$138	\$138

## MEDICAID/TYPE OF SERVICE

	Recipients (in thousands)
Total	21,604
Inpatient Services	
General Hospitals	3,738
Mental Hospitals	67
Skilled Nursing Facility Services	609
ICF Services	
Mentally Retarded	125
All Other	789
Physician Services	13,762
Dental Services	4,653
Other Practitioner Services	3,175
Outpatient Hospital Services	9,578
Clinic Services	1,577
Laboratory and Radiological Services	3,400
Home Health Services	394
Prescribed Drugs	13,766
Family Planning Services	1,128
Other Care	2,464

(Fiscal year 1980)

## MEDICAID/UNITS OF SERVICE

	Number (in thousands)
General Hospital	
Total Discharges	3,546
Recipients Discharged	2,196
Total Days of Care	21,936
Skilled Nursing Facility	
Total Recipients	436
Total Days of Care	81,955
Intermediate Care Facility (excluding MR)	
Total Recipients	619
Total Days of Care	151,270
Physician Visits	67,140
Drug Prescriptions	148,150

(Based on reporting States in fiscal year 1979)



## MEDICAID/EPSDT

Calendar Year 1979	
(in thousands)	
Total Reported Individuals Screened	2,062
With No Referrable Condition	971
With Referrable Condition	1,052
Referred For Treatment	845
Not Referred For Treatment	204
Total Payments (millions)	\$52
Average Screening Cost	\$25

NOTE: Details do not sum to totals.

## MEDICAID/ABORTIONS

FY 1980	
Total	37,041
Life of Woman Endangered	3.3%
Severe and Long-Lasting Damage to Health	8.0%
Rape or Incest	0.2%
Medically Necessary	88.5%
Total Expenditures (millions)	\$7.7

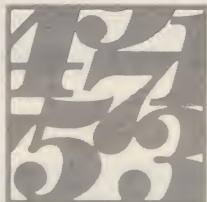
## MEDICAID/STERILIZATIONS

	Total	Male	Female
(in thousands)			
Calendar Year			
1976	75.6	3.3	72.3
1977	77.9	3.2	74.7
1978	85.1	3.1	82.0
1979	76.5	2.2	74.2
1980	86.6	2.2	84.4

## ***Administrative /Operating***

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**Information on activities and services related to oversight of the day-to-day operations of HCFA programs**



Included are data on Medicare contractors, contractor activities and performance, HCFA and State Agency administrative costs, and summaries of the operation of the Medicare trust funds.

## MEDICARE ADMINISTRATIVE EXPENSES/TRENDS

	Administrative Expenses (in millions)	Ratio To Benefit Payments
HI Trust Fund		
1970	\$157	3.1%
1975	266	2.4
1980	512	2.0
1981	384	1.3
SMI Trust Fund		
1970	\$237	12.0%
1975	462	10.8
1980	610	5.7
1981	915	7.0

(Calendar year data)

## MEDICARE/CONTRACTORS

	Part A Intermediaries	Part B Carriers
Blue Cross/Blue Shield	60	26
Other	8	15 <sup>1</sup>
HCFA	1	1

(January 1982)

<sup>1</sup> Includes RRB

## MEDICARE/CLAIMS PROCESSING

	Part A Intermediaries	Part B Carriers
Claims Processed (millions)	42.5	169.5
Net Administrative Costs (millions)	\$166.2	\$450.5
Net Unit Cost per Claim	\$3.91	\$2.66
Range		
High	\$7.00	\$3.67
Low	\$2.70	\$1.90
Average Processing Time (days)	9.6	12.2

(Fiscal year 1981)



## MEDICARE/CLAIMS RECEIVED

		Calendar Year 1981
Intermediary (thousands)		45,802
Inpatient Hospital		26.3%
Outpatient Hospital		59.6%
Home Health Agency		8.6%
Skilled Nursing Facility		1.9%
Other		3.6%
Carrier (thousands)		176,611
Assigned HCFA-1490		49.5%
Unassigned HCFA-1490		45.1%
HCFA 1554 and 1556		5.4%

## MEDICARE/REASONABLE CHARGE REDUCTIONS

	Assigned HCFA-1490	Unassigned HCFA-1490
Claims Approved		
Number (thousands)	80,636	72,872
Percent Reduced	82.8%	85.7%
Total Covered Charges		
Amount (millions)	\$9,522	\$9,031
Percent Reduced	24.1%	23.9%
Amount Reduced per Claim	\$26.15	\$25.57

(Fiscal year 1981)

## MEDICARE/APPEALS

	Part A Reconsiderations	Part B Reviews
Received	24,650	2,292,938
Processed	25,602	2,290,712
Affirmed	76.9%	43.3%
Pending	5,125	144,066

(Calendar year 1981)

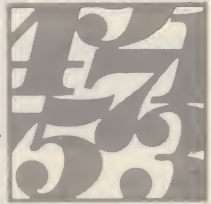
# MEDICAID/ADMINISTRATION AND TRAINING

	Fiscal Year	
	1981	1980
	(in thousands)	
Total Payments Computable for Federal Funding	\$1,327,657	\$1,178,383
Unadjusted Federal Share	783,302	696,156
Administration:		
Family Planning	1,082	873
Design, Development or Installation of MMIS	44,773	38,010
Skilled Professional Medical Personnel	137,037	116,784
Operation of an Approved MMIS	162,315	148,880
Other Financial Participation	401,052	351,439
Mechanized Systems Not Approved Under MMIS	33,921	36,857
Total Administration	780,179	692,843
Total Training	3,123	3,314
Adjusted Federal Share	826,628	717,853

## ***Fraud and Abuse /Quality Control***

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**Information on activities for detection of fraud and abuse in HCFA programs and on quality control operations**



Included are data on the validity of contractor and state administered procedures and systems, claims processing, report settlement, eligibility determinations, third party liability, fraud and abuse workloads and administrative sanctions.

## FRAUD AND ABUSE/VALIDATION REVIEWS

	Cases		Dollars (in millions)	
	FY81	FY80	FY81	FY80
Final Reports Issued (Total)	129	58	\$66.1	\$61.5
Institutional	67	25	24.5	9.4
Non-institutional	24	16	22.8	2.5
Program Implementation	38	17	18.8	49.6

## FRAUD AND ABUSE/ADMINISTRATIVE SANCTIONS

	Administrative Sanction Activities		Reinstatements	
	FY81	FY80	FY81	FY80
Total	39	88	19	11
Suspensions	17	69	17	9
Exclusions				
1862 (d)	18	19	2	2
1160	4	0	0	0
Terminations	0	0	0	0

## FRAUD AND ABUSE/INTEGRITY REVIEWS

	Medicare		Medicaid	
	FY81	FY80	FY81	FY80
Total Receipts	29,675	26,387	23,981	18,779
Total Completed	29,623	27,647	23,491	21,767
Overpayments Estab. (mil)	\$4.0	\$2.2	\$11.3	\$8.3

## FRAUD AND ABUSE/FULL-SCALE ABUSE INVESTIGATIONS

	Medicare		Medicaid	
	FY81	FY80	FY81	FY80
Total Initiated	2,814	2,620	3,285	3,867
Total Completed	2,639	2,581	3,368	3,125
Overpayments Estab. (mil)	\$17.6	\$24.8	\$32.1	\$35.0

## QUALITY CONTROL/MEDICARE PART B CARRIERS

	Average Carrier Error Rate		
	CY 1981	CY 1979	CY 1977
Occurrence (Claims processing errors per 100 line items)	8.0	8.8	8.7
Assigned	7.5	8.3	8.3
Hospital-Based	8.2	8.5	7.8
Unassigned	8.6	9.3	9.2
Payment/Deductible (Dollar error per \$100 of submitted charges)			
With Non-Review Penalty	2.0	2.2	2.2
Without Non-Review Penalty			
Total	1.9	2.1	1.9
Assigned	1.8	1.9	1.8
Hospital-Based	1.7	1.9	1.4
Unassigned	2.2	2.2	2.0

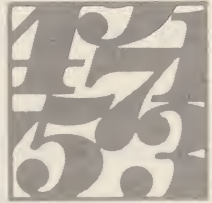
QUALITY CONTROL/MEDICAID

	National Average Error Rate		
	Oct. 80-	Oct. 79-	July 78-
	Mar. 81	Mar. 80	Dec. 78
(Percentage of Dollars)			
Eligibility (excluding SSI determinations)	4.1	5.6	6.2
All Cases			
Eligibility	3.1	4.4	5.1
Claims Processing	0.7	0.6	NA
Third Party Liability	0.6	0.5	0.5
(Percentage of Cases)			
Total Case Error	10.0	9.9	NA

# ***Reference***

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**Selected reference material on cost-sharing features of the Medicare programs, program financing, administrative regions, and Medicaid federal matching percentages**





## **MEDICARE DEDUCTIBLE AND COINSURANCE AMOUNTS**

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<b><u>Part A (effective date)</u></b>	<b><u>Amount</u></b>
Inpatient hospital deductible (1/1/82)	\$260/benefit period
Regular coinsurance day (1/1/82)	\$65/day for 61st thru 90th day
Lifetime reserve day (1/1/82)	\$130/day (60 nonrenewable days)
SNF coinsurance day (1/1/82)	\$32.50/day for 21st thru 100th day
Blood deductible	first 3 pints/benefit period
Voluntary HI premium (7/82)	\$113/month

<b><u>Part B (effective date)</u></b>	<b><u>Amount</u></b>
Deductible (1/1/82)	\$75 in reasonable charges/year
Blood deductible	first 3 pints/calendar year
Coinsurance	20% of reasonable charges
Premium (7/1/82)	\$12.20/month
Exceptions: Inpatient radiology and pathology (7/1/81)	No deductible; program pays 100% reasonable charges on assigned claims, 80% on unassigned claims
Outpatient treatment for mental illness	\$250 maximum annual program payment
Licensed physical therapist's services in home or office (1/1/82)	\$400 maximum annual program payment



**PROGRAM FINANCING**

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**Medicare/Source of Income**

HI Trust Fund

- 1. Payroll taxes\*
- 2. Transfers from railroad retirement account
- 3. General revenue for
  - a. uninsured persons
  - b. military wage credits
  - c. PSRO review
- 4. Premiums from voluntary enrollees
- 5. Interest on investments

* Contribution rate		
Employees and employers, each		1.30%
Self employed		1.30%

Maximum taxable amount (1982)                      \$32,400

SMI Trust Fund

- 1. Premiums paid by or on behalf of enrollees
- 2. General revenue
- 3. Interest on investments

**Medicaid/Financing**

- 1. Federal contributions (ranging from 50-77%)
- 2. State contributions (ranging from 23-50%)

# **GEOGRAPHICAL JURISDICTIONS OF HCFA REGIONAL OFFICES AND FEDERAL MEDICAL ASSISTANCE PERCENTAGES (FMAP)**

<b>I. Boston</b>	<b>FMAP</b>	<b>VI. Dallas</b>	<b>FMAP</b>
Connecticut	50	Arkansas	72
Maine	71	Louisiana	67
Massachusetts	54	New Mexico	67
New Hampshire	59	Oklahoma	60
Rhode Island	58	Texas	56
Vermont	69		
		<b>VII. Kansas City</b>	
<b>II. New York</b>		Iowa	55
New Jersey	50	Kansas	53
New York	51	Missouri	60
Puerto Rico	50	Nebraska	58
Virgin Islands	50		
Canada	NA	<b>VIII. Denver</b>	
		Colorado	52
<b>III. Philadelphia</b>		Montana	65
Delaware	50	North Dakota	62
Dis. of Columbia	50	South Dakota	68
Maryland	50	Utah	69
Pennsylvania	57	Wyoming	50
West Virginia	68		
		<b>IX. San Francisco</b>	
<b>IV. Atlanta</b>		Arizona	60
Alabama	71	California	50
Florida	58	Hawaii	50
Georgia	66	Nevada	50
Kentucky	68	American Samoa	NA
Mississippi	77	Guam	50
North Carolina	68	N. Mariana	
South Carolina	71	Islands	50
Tennessee	69	Mexico	NA
<b>V. Chicago</b>		<b>X. Seattle</b>	
Illinois	50	Alaska	50
Indiana	57	Idaho	65
Michigan	50	Oregon	53
Minnesota	54	Washington	50
Ohio	55		
Wisconsin	58		



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